

HOMEOWNERS INSURANCE QUOTE SHEET

NAME: _____ DOB: _____

ADDRESS: _____ CITY: _____ ZIP: _____

PHONE: _____ EMAIL: _____

DATE HOME PURCHASED: _____ HOW MANY NAMES INSURED? _____

ANY ACRES ON PROPERTY? _____ DWELLING AMOUNT NOW: _____

CURRENT CARRIER: _____ RENEWAL DATE: _____

TYPE: HO-3 _____ HO-6 _____ HO-4 _____ D-3 _____ # OF UNITS _____

SQ. FT. _____ YR. BUILT _____ # OF STORIES _____ GARAGE (# of cars) _____

ATTACHED _____ DETACHED _____ # OF BATHROOMS _____

OF BEDROOMS _____ TYPE OF ROOF _____ AGE OF ROOF _____

EXTERIOR _____ SLAB OR RAISED FOUNDATION _____

OF FIREPLACES _____ GAS? _____ ANY WOODBURNING STOVES _____

DISCOUNTS:

FIRE SPRINKLER SYSTEM YES NO

PARTIAL OR FULL (Includes attic, closets & garage)

ALARM YES NO LOCAL / CENTRAL

IF CENTRAL: NAME OF ALARM COMPANY: _____

CLAIMS INFORMATION: (Last three years)

FT TO HYDRANT: _____

POOL YES NO FENCED YES NO BASEMENT YES NO

DOGS: (what breed?) _____

COVERAGE AMOUNTS:

LIABILITY LIMIT _____ DEDUCTIBLE: _____

SCHEDULED PROPERTY YES NO (will need itemized list)

EARTHQUAKE DESIRED YES NO

UPDATES

Plumbing Updates: _____

Electrical: _____

Circuit Breakers: _____

Heating: _____

MILES/FIRE STAT: _____